Indiana State Department of Health

NCPDP Version 5.1

Telecommunication

Companion Guide

and

Payer Sheet

July 2009

CGNCPDP Version 5.1

Companion Guide – NCPDP Version 5.1

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Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	March 2007	All	New document	ISDH HIPAA
Version 1.1	May 2007	9, 18, 28	Added NPI	ISDH HIPAA
Version 1.2	August 2007	All	Correct phone number	ISDH HIPAA
Version 1.2	August 2007	9	System rejects	ISDH HIPAA
Version 1.2	August 2007	13	IOT contact information	ISDH HIPAA
Version 1.2	August 2007	14	Message format	ISDH HIPAA
Version 1.4	May 2008	9,18,26,28	NPI update	ISDH HIPAA
Version 1.5	July 2009	17,21,23	COB clarification	ISDH HIPAA

Table of Contents

Section 1: Introduction

Overview

The *Health Insurance Portability and Accountability Act of 1996* (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and remittance advices, be standardized into the same national format for all payers, providers, and clearinghouses. All providers who submit governed data electronically to the Indiana State Department of Health (ISDH) must submit in the mandated HIPAA formats by October 16, 2003.

HIPAA specifically names several electronic standards that must be followed when certain health care information is exchanged. These standards are published as *National Electronic Data Interchange Transaction Set Implementation Guides*. They are commonly called *Implementation Guides* (*IGs*) and are referred to as *IGs* throughout this document. The following table lists the adopted standards and the related ISDH business categories.

Table 1.1. – Standards and Business Categories

Business Category	Transaction Name/Implementation Guide (IG) including addendums	Batch Transaction Standard	Description
NCPDP Billing Inquiry & Reversal	Telecommunication Standard Format Version 5.1	Batch Transaction Standard Version 1.1	National Council for Prescription Drug Programs – Billing & Reversal

The *ASC X12N IGs* are available for download through the Washington Publishing Company Web site at http://hipaa.wpc-edi.com. Information on the *National Council for Prescription Drug Programs (NCPDP) IGs* is available through their Web site at http://www.ncpdp.org. Developers should have copies of the respective IGs prior to beginning the development process.

ISDH has developed technical companion guides to assist application developers during the implementation process and are available for download at http://www. cshcs.in.gov or by contacting the EDI Help Desk by telephone at 317/233-1351 or toll-free at 800/475-1355 Option 6, Option 1.

The information contained in the *ISDH Companion Guide* is only intended to supplement the adopted *IGs* and provide guidance and clarification as it applies to ISDH. The *ISDH Companion Guide* is never intended to modify, contradict, or reinterpret the rules established in the *IGs*.

The companion guide is categorized into the following sections:

1. Introduction
2. Communication and Data Exchange Technical Specifications and Interchange Control Structure
3. B1 Transaction Specifications and Payer Sheet
4. B2 Transaction Specifications and Payer Sheet

This section, *Introduction*, provides general implementation information as well as specific instructions that apply to all transactions. Section 2 identifies the methods of communication available and data exchange options and both inbound and outbound interchange control structures. Section 3 contains B1 transaction specific documentation, including segment usage, to assist developers in coding each transaction; this is the payer sheet and there will be one for each transaction type. Section 4 contains B2 transaction specific documentation, including segment usage, to assist developers in coding each transaction; this is the payer sheet and there will be one for each transaction type.

Trading Partner Profiles, Trading Partner Agreements, and Testing

There are three levels of transaction testing required before an application is considered approved. These testing levels include the following:

- Compliance Testing
- ISDH Specification Validation Testing
- End-to-End Testing

Prior to testing, anyone wanting to exchange information electronically with ISDH must complete and submit a trading partner profile and a signed trading partner agreement. A trading partner is an entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically. For additional information about trading partner profiles, trading partner agreements, and the testing process or to obtain copies of these documents, please visit our web site at http://www.in.gov/isdh/programs/cshcs or contact the EDI Help Desk by telephone at 317/233-1351 or toll-free at 800/475-1355 Option 6, Option 1.

A software vendor or application development organization is not required to sign and submit a trading partner agreement but is required to complete a trading partner profile and participate in the established testing process. Any other covered entity, such as a clearinghouse, is obligated to complete the trading partner agreement as well as the trading partner profile.

Data Flow

ISDH accepts transactions in both Real-Time and batch mode. This document addresses Real-Time mode. There is a separate Companion Guide for Batch Mode. Section 2 provides communication specifications for data exchange.

ISDH accepts B1 and B2 transactions effective March 1, 2007.

Processing Assumptions

Some transactions are created and generated by, or on behalf of, a provider. Others are created by ISDH in response to a request received from a provider. Several processing assumptions must be stated that could include inbound (to ISDH) transactions or outbound (from ISDH) transactions. The following list identifies each transaction by ISDH definition as inbound or outbound:

Table 1.2 – ISDH Transaction Definition

Inbound	Outbound
NCPDP: B1: Billing Request B2: Billing Reversal	B1: Response & 835 B2: Response

Basic Technical Information

The following list includes basic technical information for each transaction:
- The following delimiters are used for all outbound transactions:

Segment separator	Hex 1E (Dec 30)
Group separator	Hex 1D (Dec 29)
Field separator	Hex 1C (Dec 28)

- See the IG for clarification on amount and quantity field formats.
- All segments and fields listed in the NCPDP Version 5.1 guide will be accepted, but only those segments and fields pertinent to transaction processing will be used.

System Rejects

ISDH EDI system will reject the NCPDP transmissions as appropriate. The following are the scenario's when a trading partner receives a transmission reject response:

1. If BIN Number is missing *or* does not match 636104.
2. If Version/Release Number value is missing *or* does not equal 51.
3. If Transaction Code value is missing *or* does not equal B1 or B2.
4. If Processor Control Number (PCN) is missing or invalid.
5. If Transaction Count value does not equal 1, 2, 3, or 4.
6. If Service Provider ID is missing or invalid; or Service Provider ID Qualifier is missing or invalid. ISDH requires the Service Provider ID Qualifier to equal the value of 01.
7. If Date of Service (Date Dispensed) is missing or invalid.
8. If Software Vendor Certification ID is missing or invalid.

General Syntax Outline

ISDH follows the General Syntax outlined in the *IG.*

The general syntax of a transmission request and response will appear as follows:

Header Segment
      Header Segment Fields
Segment Separator
      Required Fields within Segment as appropriate, with field separators
      Optional Segment Fields with field separators
Segment Separator
      Required Fields within Segment as appropriate, with field separators
      Optional Segment Fields with field separators
Group Separator
Segment Separator
      Required Fields within Segment as appropriate, with field separators
      Optional Segment Fields with field separators
Segment Separator
      Required Fields within Segment as appropriate, with field separators
      Optional Segment Fields with field separators

Repeating Fields – Maximum Occurrences

Version 5.1 contains repeating fields that are formatted to accommodate a greater number of occurrences than might be practical for real-time transmissions. ISDH follows the recommendations of the IG on maximum occurrences unless specific Trading Partner has different requirements.

- Clinical Information Counter (493-XE) – maximum 9; recommend = 5 occurrences.
- Coordination of Benefits/Other Payments Count (337-4C) – maximum 9; recommend =3 occurrences.
- Procedure Modifier Code Count (458-SE) – maximum 9; recommend = 4 occurrences.
- Diagnosis Code Count (491-VE) – maximum 9; recommend = 5 occurrences.
- DUR/PPS Code Counter (473-7E) – maximum 9; recommend = 9 occurrences.
- Compound Ingredient Component Count (447-EC) – maximum 99; recommend = 25 ingredients.
- Other Amount Claimed Submitted Count (478-H7) – maximum 9; recommend = 3 occurrences.
- Other Payer Reject Count (471-5E) – maximum 20; recommend = 5 occurrences.
- Other Payer Amount Paid Count (341-HB) – maximum 9; recommend = 9 occurrences.
- Other Payer Amount Paid Qualifier (342-HC) – maximum 9; recommend = 9 occurrences.

Data Conventions

Character Sets Designation

N	Unsigned numeric, always right justified, zero filled. Example: 9(7)v999 is represented as '9999999999' with an implied decimal point.
D	Signed numeric, sign is internal and trailing. Zeros are always positive and right justified. Dollars and cents amount with two positions to the right of the implied decimal point. All other positions are to the left of the implied decimal point (refer to the Overpunch Sign section below). Example: D field of length 8 is represented as '$$$$$$cc'.
A/N	Alphanumeric, always left justified, space filled ('A' through 'Z', '0' through '9', and printable characters).

The Overpunch Sign

The purpose of using Overpunch signs in dollar fields is to allow the representation of positive and negative dollar amounts without expanding the size of the field (i.e., to hold the plus or minus character). The Overpunch sign replaces the right-most character in a dollar field. The signed value designates the positive or negative status of the numeric value. The dollar field of $99.95 would be represented as '999E' with truncation. A negative dollar amount of $2.50 would be represented as '25}' with truncation. The following table shows ASCII values:

Unit	Signed Positive				Signed Negative			
	GRAPHIC	OCT	DEC	HEX	GRAPHIC	OCT	DEC	HEX
0	{	173	123	7B	}	175	125	7D
1	A	101	65	41	J	112	74	4A
2	B	102	66	42	K	113	75	4B
3	C	103	67	43	L	114	76	4C
4	D	104	68	44	M	115	77	4D
5	E	105	69	45	N	116	78	4E
6	F	106	70	46	O	117	79	4F
7	G	107	71	47	P	120	80	50
8	H	110	72	48	Q	121	81	51
9	I	111	73	49	R	122	82	52

Truncation

To truncate a field using 5.1 format:

NUMERIC (N or D)	Remove leading zeros
ALPHANUMERIC (A/N)	Remove trailing spaces

When transmitting dollar fields, the least significant digit should be represented as one of the Overpunch signs to indicate whether the value is positive or negative. (Refer to The Overpunch Sign section above.)

Request Transaction/Segment Usage Matrix

Request Segment usage matrix

Segment		
	ID	**Billing**
Header		M
Patient	AM01	R
Insurance	AM04	M
Claim	AM07	M
Pharmacy Provider	AM02	O
Prescriber	AM03	S
COB/Other Payments	AM05	S
Workers' Comp	AM06	O
DUR/PPS	AM08	O
Pricing	AM11	M
Coupon	AM09	O
Compound	AM10	S
Prior Authorization	AM12	O
Clinical	AM13	O

Notes: 1. *Grayed out segments are not used by Indiana State Department of Health*
   2. Information contained in fields mentioned as Not used by ISDH will be ignored in the processing of the claim request.

M=Mandatory
O=Optional
N=Not Sent
R=Required by ISDH
S=Situational; Conditional based on data content

Section 2: Communication and Data Exchange Technical Specifications

Communication Overview

This section identifies the different methods of data transmission available for submitting and receiving transaction data to and from ISDH.

Clearinghouse

It is a network switch between trading partners and payers. Trading partner sends a data string to clearinghouse who will add wrapper information, then FW to payer, receive payer's response then take out the wrapper information and FW to the same trading partner in 15 seconds by using the same socket connection.

Agreement

Assign ISDH agreement with Indiana Office of Technology (IOT) to obey a public IP address from IOT to build a VPN connect tunnel.

IP address, port number

The public IP TEST address: 12.186.84.248
The public IP Production address: 12.186.84.249

Application listener port number: test: 2067, production 6067

Communication Overview:

This section identifies the method of data transmission for submitting and receiving transaction data to and from ISDH. ISDH accepts Real-Time data via the Internet with a VPN connection through the Indiana Office of Technology firewall.

Trading Partners will need to provide their Host Server IP addresses (Primary/Backup).

Message Format:

The following wrapper must appear on each message submitted to ISDH, and will appear on each message returned by ISDH.

1.	2.	3.	4.	5.	6.
<STX>	Message Len	Header Len	Header	Message	<ETX>

Field	Length	Description
1. STX	1	Start-of-Text, hex 02
2. Message Length	4	Total length of message not including the STX and 4 bytes used in the Message Length Field itself. Message Length = Total Length – 5.
3. Header Length	3	Number of bytes in header field, encoded in ASCII characters 0-9, right-justified, zero-filled. ISDH uses 15 bytes.
4. Header	15	Header data is for client use. It can be a tracking number, system ID, etc.; must be ASCII 0-9, A-Z; ISDH will echo 15 bytes in the response message.
5. Message	various	Request/Response message.
6. ETX	1	End-of-Text, hex 03

Example A: Header field used:

<STX>0033015THECLIENTHEADERREQUESTMESSAGE<ETX>

0033 = 33 bytes "015THECLIENTHEADERREQUESTMESSAGE<ETX>"
015 = 15 bytes in Header field "THECLIENTHEADER"

EDI Support Tree

```
            ┌─────────────────────────┐
            │      Provider inquiry    │
            │      800-475-1355        │
            │      Opt 6, Opt 1        │
            │           or             │
            │      317-233-9803        │
            └─────────────────────────┘
                        │
          ┌─────────────┴─────────────┐
┌──────────────────────┐   ┌──────────────────────────┐
│  Normal hours (8-5)   │   │ After hours, voice mail   │
│ EDI Staff will answer │   │ will pickup and allow     │
│      the phone        │   │ them to leave a message.  │
│                       │   │ If it is an emergency,    │
│                       │   │ the support person on     │
│                       │   │ duty can be paged.        │
└──────────────────────┘   └──────────────────────────┘
```
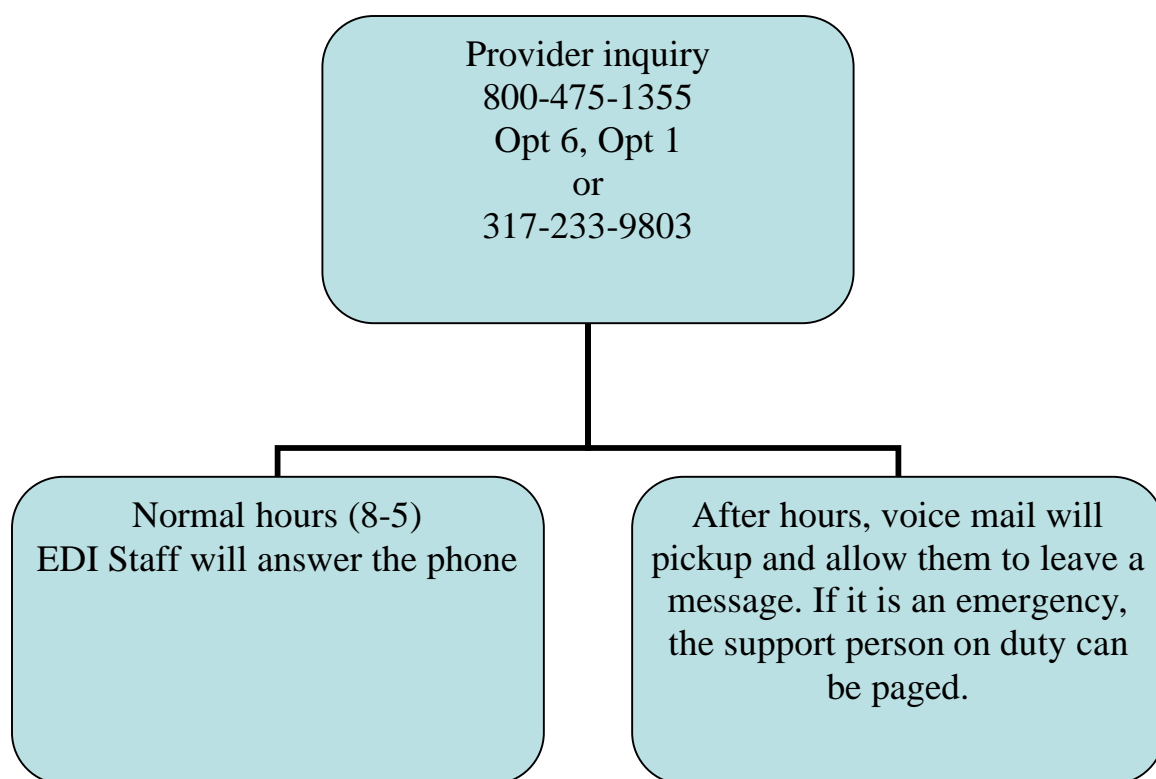
Section 3: B1 Billing Request Payer Sheet –

Indiana Department of Health
NCPDP VERSION 5.1 PAYER SHEET
Rev. 05.23.08

GENERAL INFORMATION

Payer Name: ISDH	Date: 05/23/08
Plan Name/Group Name: ISDH-001 CSHCS: Children's Special Health Care Services	
Processor:	Switch:
Effective as of: 05/23/2008	Version/Release #: V/R 5.1
Contact/Information Source: 1-800-475-1355 opt. #6 and then opt. # 1 or 317-233-1351	
Certification Testing Window:	
Provider Relations Help Desk Info: 1-800-475-1355 opt. #6 and then opt. #3	
Other versions supported: Batch	

** OTHER TRANSACTIONS SUPPORTED **

Transaction Code	Transaction Name
B1	**Billing**
B2	**Billing Reversal**

The standard drug billing transactions can be built by completing the following segments once:

- Header
- Patient
- Insurance

For each claim detail line, submit the following segments as a set: (up to four per transmission)

- Claim
- Coordination of Benefits/Other Payments
- Pricing
- Compound
- Prior Authorization

ISDH will process NCPDP requests at the transaction set level. All the transactions that are noncompliant in a transmission will be rejected and the valid transactions will be processed.

Coordination of Benefit and Co-Pay Processing Overview

ISDH is <u>ALWAYS</u> Payer of last resort according to State Law 410 IAC 3.2-5-1(d) *Health insurance information and utilization.* If a participant has one or more other payers including Medicaid, any claim must be submitted to the primary and/or secondary payer(s) first before submitting to ISDH for reimbursement. ISDH can only accept up to 9 COB Payer information segments.

As payer of last resort, we have to verify that all prior payers have been considered based on the information we have on hand as well as information submitted with the Billing Transaction. This is done by the following requirements.

1. The COB segment is required if 308-C8 `Other Coverage Code` from the Claim Segment is equal to 2, 3, 4, 5, or 8.

2. COB Segment Fields required:
    *   337-4C Coordination of Benefits/Other Payments Count

    *   338-5C Other Payer Coverage Type

    *   341-HB Other Payer Amount Paid Count

    *   342-HC Other Payer Amount Paid Qualifier (Valid Value = 08, Sum of All Reimbursements)

    *   431-DV Other Payer Amount Paid

        OR

    *   471-5E Other Payer Reject Count

    *   472-6E Other Payer Reject Code

3. Pricing Segment Fields Required:

    *   433-DX Patient Paid Amount Submitted

Usage Key:

M:	NCPDP Mandatory Field
R:	Required Field by ISDH
RW:	Required Field by ISDH when situation requires
O:	Optional, ISDH not required

Billing Transaction Header Segment - Mandatory

NOTE: Truncation within the Header Segment is not allowed.

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
101-A1	BIN Number	N	6	M	636104
102-A2	Version/Release Number	A/N	2	M	**51**
103-A3	Transaction Code	A/N	2	M	B1 = Billing Request
104-A4	Processor Control Number	A/N	10	M	ID Assigned by Indiana State Department of Health obtained from Participant ID Card ISDH-T (Testing) ISDH-001 (CSHCS Production)
109-A9	Transaction Count	A/N	1	M	This field indicates the number of transactions being submitted. Valid values are '1' through '4'.
202-B2	Service Provider ID Qualifier	A/N	2	M	01 = National Provider Identifier (NPI)
201-B1	Service Provider ID	A/N	15	M	National Provider Identifier (NPI)
401-D1	Date Of Service (Date Dispensed)	N	8	M	Field format is CCYYMMDD.
110-AK	Software Vendor Certification ID	A/N	10	M	Assigned by ISDH Contact EDI Department @ 1-800-475-1355 opt. #6 and then opt. #1

Patient Segment - Mandatory

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	01 = Patient Segment
331-CX	Patient ID Qualifier	A/N	2	O	
332-CY	Patient ID	A/N	20	O	6 Digit Patient ID number assigned by ISDH program.
304-C4	Date Of Birth	N	8	R	Field format is 'CCYYMMDD'.
305-C5	Patient Gender Code	N	1	O	Not used by ISDH
310-CA	Patient First Name	A/N	12	R	
311-CB	Patient Last Name	A/N	15	R	
322-CM	Patient Street Address	A/N	1-30	O	Not used by ISDH
323-CN	Patient City Address	A/N	1-20	O	Not used by ISDH
324-CO	Patient State / Province Address	A/N	2	O	Not used by ISDH
325-CP	Patient Zip/Postal Zone	A/N	1-15	O	Not used by ISDH
326-CQ	Patient Phone Number	N	10	O	Not used by ISDH
3Ø7-C7	Patient Location	N	1-2	O	Not used by ISDH
333-CZ	Employer Id	A/N	1-15	O	Not used by ISDH
334-1C	Smoker / Non-Smoker Code	A/N	1	O	Not used by ISDH
335-2C	Pregnancy Indicator	A/N	1	O	Not used by ISDH

Insurance Segment – Mandatory

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	04 = Insurance Segment
302-C2	Cardholder Identification Number	A/N	20	M	6 Digit Patient ID number assigned by ISDH program.
312-CC	Cardholder First Name	A/N	1-12	O	Not used by ISDH
313-CD	Cardholder Last Name	A/N	1-15	O	Not used by ISDH
314-CE	Home Plan	A/N	1-3	O	Not used by ISDH
524-FO	Plan Id	A/N	1-8	O	Not used by ISDH
309-C9	Eligibility Clarification Code	N	1	O	Not used by ISDH
336-8C	Facility Id	A/N	1-10	O	Not used by ISDH
301-C1	Group ID	A/N	15	O	Not used by ISDH
303-C3	Person Code	A/N	3	O	Not used by ISDH
306-C6	Patient Relationship Code	N	1	O	Not used by ISDH

Claim Segment - Mandatory

Does payer/process support partial fills: **Yes**

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	07 = Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	A/N	1	M	1 = Rx Billing **CSHCS only accepts RX billing in Real-time transactions. Supplies (DME claims) must be submitted on an 837.**
402-D2	Prescription/Service Reference Number	N	1-7	M	
436-E1	Product/Service ID Qualifier	A/N	2	M	03 = National Drug Code (NDC)
407-D7	Product/Service ID	A/N	1-19	M	Enter the 11-digit National Drug Code (NDC) for the drug dispensed in this field. For compound, should be single digit 0.

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
456-EN	Associated Prescription/Service Reference#	N	7	O	Not used by ISDH
457-EP	Associated Prescription/Service Date	N	8	O	CCYYMMDD
458-SE	Procedure Modifier Code Count	N	1	O	Not used by ISDH
459-ER	Procedure Modifier Code	A/N	2	O	Not used by ISDH
442-E7	Quantity Dispensed	N	1-10	R	Implied Format = 9999999.999.
403-D3	Fill Number	N	1-2	R	
405-D5	Days Supply	N	1-3	R	Enter the estimated day's supply of the drug dispensed.
406-D6	Compound Code	N	1	R	0 = Not Specified 1 = Not a Compound 2 = Compound (**If 2 selected, Compound Segment AM10 required.**)
408-D8	Dispense As Written (DAW)/ Product Selection Code	A/N	1	O	0, 1, 2, 3, 4, 5, 6, 7, 8 or 9
414-DE	Date Prescription Written	N	8	R	CCYYMMDD
415-DF	Number of Refills Authorized	N	2	O	00 - Not Specified 01-98, 99 - Unlimited
419-DJ	Prescription Origin Code	N	1	O	Not used by ISDH
420-DK	Submission Clarification Code	N	2	O	Not used by ISDH
460-ET	Quantity Prescribed	N	1-10	O	Not used by ISDH
3Ø8-C8	Other Coverage Code	N	1-2	R	0, 1, 2, 3, 4, 5, 6, 7, or 8 **(If 2,3,4,5 or 8 selected, COB Segment AM05 required.)**
429-DT	Unit Dose Indicator	N	1	O	Not used by ISDH
453-EJ	Orig Prescribed Product/Service Id Qualifier	A/N	2	O	Not used by ISDH
445-EA	Originally Prescribed Product/Service	A/N	1-19	O	Not used by ISDH

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
	Code				
446-EB	Originally Prescribed Quantity	N	1-10	O	Not used by ISDH
330-CW	Alternate Id	A/N	1-20	O	Not used by ISDH
454-EK	Scheduled Prescription Id Number	A/N	1-12	O	Not used by ISDH
600-28	Unit Of Measure	A/N	2	O	Not used by ISDH
418-DI	Level of Service	N	2	O	Not used by ISDH
461-EU	Prior Authorization Type Code	N	2	O	1 = Prior Authorization
462-EV	Prior Authorization Number Submitted	N	11	RW	7 digit Prior Authorization # if available
463-EW	Intermediary Authorization Type ID	N	1-2	O	Not used by ISDH
464-EX	Intermediary Authorization ID	A/N	1-11	O	Not used by ISDH
343-HD	Dispensing Status	A/N	1	O	Not used by ISDH
344-HF	Quantity Intended To Be Dispensed	N	1-10	O	Not used by ISDH
345-HG	Days Supply Intended To Be Dispensed	N	1-3	O	Not used by ISDH

COB/Other Payments Segment –Optional

Refer to **Coordination of Benefit and Co-Pay Processing Overview**

Does payer/processor support COB?   **Yes Maximum of 9.**
Which method will you support?   Combination **Please see COB/Copay Section of Companion Guide**

Optional: Only send if there is Other Payment Information to be sent.

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	05 = COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	N	1	M	
338-5C	Other Payer Coverage Type	A/N	2	M	

339-6C	Other Payer ID Qualifier	A/N	2	O	
340-7C	Other Payer ID	A/N	1 - 10	O	
443-E8	Other Payer Date	N	8	O	Not used by ISDH
341-HB	Other Payer Amount Paid Count	N	1	RW	
342-HC	Other Payer Amount Paid Qualifier	A/N	2	RW	08 = Sum of All Reimbursement
431-DV	Other Payer Amount Paid	N	1 - 8	RW	Required if 308-C8 is equal to 2 or 8.
471-5E	Other Payer Reject Count	N	2	RW	
472-6E	Other Payer Reject Code	A/N	1 - 3	RW	

Either 'Other Payer Amount' **or** 'Other Payer Reject Count and Code' will occur, depending on the outcome of a previous claim or service submitted.

Pricing Segment – Mandatory

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	11= Pricing Segment
409-D9	Ingredient Cost Submitted	N	1 - 8	O	Not used by ISDH
412-DC	Dispensing Fee Submitted	N	1 - 8	O	Not used by ISDH
477-BE	Professional Service Fee Submitted	N	8	O	Not used by ISDH
433-DX	Patient Paid Amount Submitted	N	8	RW	** Only used when ISDH is not Primary Payer and billing is for co-pay amount due: Value = The copay amount due.
438-E3	Incentive Amount Submitted	N	8	O	Not used by ISDH
478-H7	Other Amount Claimed Submitted Count	N	1	O	
479-H8	Other Amount Claimed Submitted Qualifier	A/N	2	O	
480-H9	Other Amount Claimed Submitted	A/N	8	O	
481-HA	Flat Sales Tax Amount Submitted	N	1 - 8	O	Not used by ISDH
482-GE	Percentage Sales Tax Amount Submitted	N	1 - 8	O	Not used by ISDH
483-HE	Percentage Sales Tax Rate Submitted	N	1 - 7	O	Not used by ISDH
484-JE	Percentage Sales Tax Basis Submitted	A/N	1 - 2	O	Not used by ISDH
426-DQ	Usual and Customary Charge	N	1 - 8	R	Total charge amount of the claim.
430-DU	Gross Amount Due	N	1 - 8	O	
423-DN	Basis of Cost Determination	A/N	1 - 2	O	Not used by ISDH

Compound Segment: -Optional

Does payer/processor support compounds online?   **Yes**
Which compound billing method do you support?   **Using Claim and Compound Segments**
This segment is required if Compound Code (406-D6) field in Claim Segment is equal to "2"

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	10 = Compound Segment
450-EF	Compound Dosage Form Description Code	A/N	1 - 2	M	
451-EG	Compound Dispensing Unit Form Indicator	N	1	M	
452-EH	Compound Route of Administration	N	2	M	
447-EC	Compound Ingredient Component Count	N	2	M	If Claim 406-D6 = 2 then 447-EC should have a valid value other than blank.
488-RE	Compound Product ID Qualifier	A/N	2	M	Code qualifying the type of product dispensed.
489-TE	Compound Product ID	A/N	1 - 19	M	Product identification of an ingredient used in a compound.
448-ED	Compound Ingredient Quantity	N	1 - 10	M	Format = 9999999.999
449-EE	Compound Ingredient Drug Cost	N	8	O	Not used by ISDH
490-UE	Compound Ingredient Basis of Cost Determination	A/N	2	O	Not used by ISDH

Pharmacy Provider Segment: Optional *(Not used by ISDH at this time)*

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	02 =Pharmacy Provider Segment

Prescriber Segment: Optional

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	03= Prescriber Segment
466-EZ	Prescriber ID Qualifier	A/N	2	RW	01: National Provider Identifier (NPI) 08: State License
411-DB	Prescriber ID	A/N	15	RW	
467-1E	Prescriber Location Code	A/N	3	O	Not used by ISDH
427-DR	Prescriber Last Name	A/N	15	RW	
498-PM	Prescriber Phone Number	N	10	RW	
468-2E	Primary Care Provider ID Qualifier	A/N	2	O	
421-DL	Primary Care Provider ID	A/N	15	O	
469-H5	Primary Care Provider Location Code	A/N	3	O	
470-4E	Primary Care Provider Last Name	A/N	15	O	

Workers' Compensation Segment: Optional *(Not used by ISDH at this time)*

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	06= Workers' Compensation Segment

DUR/PPS Segment: **Optional** *(Not used by ISDH at this time)*

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	08 = DUR/PPS Segment

Coupon Segment: Optional *(Not used by ISDH at this time)*

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	09 = Coupon Segment

Prior Authorization Segment: Optional *(Not used by ISDH at this time)*

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	12 = Prior Authorization

Clinical Segment: Optional *(Not used by ISDH at this time)*

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	13 = Clinical Segment

Sales Tax Processing

Sales Tax is not an eligible expense under the CSHCS State Program. Sales Tax will not be considered.

Section 4: B2 Billing Reversal Request Payer Sheet –

Usage Key:

M: NCPDP Mandatory Field
R: Required Field by ISDH
RW: Required Field by ISDH with situation requires
O: Optional, ISDH not required

Billing Reversal Transaction Header Segment - Mandatory

NOTE: Truncation within the Header Segment is not allowed.

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
101-A1	BIN Number	N	6	M	636104
102-A2	Version/Release Number	A/N	2	M	**51**
103-A3	Transaction Code	A/N	2	M	B2 = Reversal
104-A4	Processor Control Number	A/N	10	M	ID Assigned by Indiana State Department of Health obtained from Participant ID Card ISDH-T (Testing) ISDH-001 (CSHCS Production)
109-A9	Transaction Count	A/N	1	M	This field indicates the number of transactions being submitted. Valid values are '1' through '4'.
202-B2	Service Provider ID Qualifier	A/N	2	M	01 = National Provider Identifier (NPI)
201-B1	Service Provider ID	A/N	15	M	National Provider Identifier (NPI)
401-D1	Date Of Service (Date Dispensed)	N	8	M	Field format is CCYYMMDD.
110-AK	Software Vendor Certification ID	A/N	10	M	Assigned by ISDH Contact EDI Department @ 1-800-475-1355 opt. #6 and then opt. #1

Insurance Segment - Mandatory

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	04 = Insurance Segment
302-C2	Cardholder Identification Number	A/N	20	M	6 Digit Patient ID number assigned by ISDH program.

Claim Segment - Mandatory

Field	Field Name	Format	Size	Usage M/R/RW/O	Values/Comments
111-AM	Segment Identification	A/N	2	M	07 = Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	A/N	1	M	1 = Rx Billing **CSHCS only accepts RX billing in Real-time transactions. Supplies (DME claims) must be submitted on an 837.**
402-D2	Prescription/Service Reference Number	N	1-7	M	
436-E1	Product/Service ID Qualifier	A/N	2	M	03 = National Drug Code (NDC)
407-D7	Product/Service ID	A/N	1 - 19	M	Enter the 11-digit National Drug Code (NDC) for the drug dispensed in this field. For compound, should be single digit 0.